

**TO:** Vermont Health Care Providers and Health Care Facilities  
**DATE:** April 24, 2024  
**FROM:** Patsy Kelso, PhD, State Epidemiologist

## **Confirmed Measles Case in Vermont**

### **BACKGROUND**

The Health Department has confirmed a case of measles in an individual who is in Vermont as part of an international program. This is the first confirmed case of measles in Vermont since 2018.

There is no ongoing transmission risk from this case to members of the public in Vermont. However, the Health Department has identified that people inside the Hampton Inn in Colchester on Wednesday, April 17 before 3:45 p.m. might have had a brief, transient exposure. A [press release](#) and individual notifications to known hotel guests advise those who might have had a transient exposure to confirm their evidence of immunity and reach out to the Health Department for guidance if they don't know or cannot confirm they have immunity. Everyone who was at the hotel during that time should monitor for [symptoms](#) through May 8 and reach out to their health care provider if they develop any symptoms. Quarantine is not recommended for those with transient exposure, regardless of immune status. Guidance is available on the Health Department's website at [Measles | Vermont Department of Health \(healthvermont.gov\)](#).

A small number of individuals who had either face-to-face contact with the case or a more prolonged duration of exposure have been notified. The Health Department is conducting symptom monitoring for these close contacts for the duration of the incubation period, regardless of immune status. For close contacts who are nonimmune, quarantine is recommended through 21 days from their last exposure.

### **Health care providers in Vermont might receive questions from patients about this situation.**

Measles typically presents in adults and children as an acute, viral illness characterized by fever and generalized, maculopapular rash. The prodrome might include cough, conjunctivitis and coryza. Koplik spots, blue-white spots on the buccal mucosa, are occasionally seen. The rash usually starts on the face, proceeds down the body, and may include the palms and soles. The rash, which lasts for several days, initially appears discrete but may become confluent before fading in order of appearance. Complications include diarrhea, otitis media, pneumonia, hepatitis, and encephalitis.

### **REQUESTED ACTIONS**

1. Review the April 4, 2024 Vermont [Health Alert](#) with information for clinicians.
2. Provide documentation of MMR vaccination status to your patients upon request.

- Evidence of immunity to measles includes any of the following:
  - Documentation of age-appropriate vaccination with a live measles virus-containing vaccine;
  - Laboratory evidence of immunity (IgG titer);
  - Laboratory confirmation of measles;
  - Birth before 1957.
- 3. Strongly consider measles, especially in unvaccinated patients with compatible illness, and test for measles.
  - Contact the Health Department at 802-863-7240, option 2 for assistance with submitting specimens to the Health Department Laboratory for testing. Testing will be performed at no charge.
  - Obtain specimens for both measles PCR and serology at first contact with a patient suspected to have measles.
    - Collect a throat or nasopharyngeal swab, or a urine sample, for measles PCR as soon as possible after rash onset. Respiratory samples are preferred early in the course of illness because that test is more sensitive in that timeframe, and samples can be tested at the Health Department Laboratory. Urine samples must be sent by the Health Department Laboratory to CDC for testing and may incur delays. Swabs should be synthetic (non-cotton) in viral transport media. Urine samples may be collected in a sterile, sealable urine specimen container.
    - Measles IgM testing must be sent out-of-state by the Health Department Laboratory. Providers may wish to send serology samples directly to reference laboratories for more rapid IgM turnaround time. If sending through the Health Department Laboratory, collect 0.7mL of blood in a red-top or serum separator (tiger top) tube for measles IgM and IgG. Allow the blood to clot thoroughly and then centrifuge the tube to remove serum from the clot. Gel separation tubes should be centrifuged within two hours of collection. Measles IgM results from blood specimens collected within the first 72 hours after rash onset may be falsely negative and may need to be repeated before rule-out.
    - Refrigerate all specimens after collection and transport them on ice packs within 24 hours of collection.

#### **ADDITIONAL RESOURCES**

- [Measles Information for Health Care Providers](#) (CDC)
- [Measles Information for Providers](#) (VDH)
- [Instructions for collecting and Shipping Measles PCR specimens to the Vermont Department of Health Laboratory](#) (VDH)
- [MMR ACIP Vaccine Recommendations](#) (CDC)
- [Healthcare Personnel Vaccination Recommendations](#) (CDC)

If you have any questions, please contact Patsy Kelso at: [patsy.kelso@vermont.gov](mailto:patsy.kelso@vermont.gov).

To be removed from the HAN or have your information updated please email the Vermont HAN Coordinator at: [vthan@vermont.gov](mailto:vthan@vermont.gov).

**HAN Message Type Definitions**

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.